

Dr. W. P. Moon, Executive Officer, was the operator in the four cases which are here cited. He expresses a decided preference for an incision along the posterior border of the deltoid in performing these incisions, presenting the following advantages:—

1. Greater facility in removing the head of the humerus, from the fact that by making an incision through the centre of the deltoid, this muscle acts as a clamp when the elbow is depressed backwards to push out the head, and thus interferes with the operation.

Owing to the risk of injury to vessels and nerves in excision of the head of the humerus, the chain saw has not been used.

2. Greater facility for the evacuation of the discharges; as it has been found, as in the cases of Hughes and Turner, and several others which have been received at this hospital from the field, that, where an anterior incision was made, it was nearly impossible to prevent the pus from burrowing and forming abscesses in the axilla and arm, hindering the healing process and endangering extended necrosis of humerus.

3. A more rapid cure, patients recovering in from three to four months instead of six to eight months.

4. Greater rotundity of the shoulder, from less atrophy of muscular structure, and consequently more strength of the arm.

PHILADELPHIA, March 24, 1865.

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ART. XII. — *Gunshot Wound of Mouth and Face—Ball lodging in Esophagus, and subsequently ejected by vomiting.* Reported by DEWITT C. PETERS, Asst. Surg. U. S. A., and Surgeon in Charge of the Jarvis General Hospital, Baltimore, Md.

THOMAS DEERKIN, private Co. H, 107th Penn., age 48, was admitted into Jarvis General Hospital, Feb. 11, 1865, with a gunshot wound of the face and mouth, received at Hatcher's Run, Va., Feb. 6, 1865. The ball, a minie, had struck the tuberosity of the left malar bone, passed backwards, inwards, and slightly downwards, entered the cavity of the mouth. The patient was under the impression that it fell immediately into the gullet and was swallowed.

On admission, the patient's general condition was very good, and he was able to walk about the ward, but he complained of a sense of uneasiness about the precordial region and great difficulty and pain in swallowing, which he stated he had experienced since he received the injury, although his diet had been confined exclusively to liquid nourishments. On the afternoon of Feb'y 16th, in an effort to vomit, which came on suddenly, he ejected a minie ball, and found himself at once relieved of all feelings of

uneasiness and able to swallow without either difficulty or pain. The ball was somewhat flattened and of irregular shape, and had probably lodged in the œsophagus. This patient was transferred to York, Pa., March 11, 1865. At that time the wound had about healed, and he was to all appearances perfectly well.

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ART. XIII.—*Therapeutic Effects of the Iodide of Sodium.* By JOHN J.

BLACK, M. D., one of the Resident Physicians to the Philadelphia Hospital, Blockley.

At the suggestion of Professor Gross, this remedy was used in a great measure as a substitute for the iodide of potassium in the venereal wards of the Philadelphia Hospital, Blockley, during the past winter. The dose given ranged from six to ten grains, and most frequently in combination with from one-tenth to one-sixteenth of a grain of the bichloride of mercury three times a day. When giving it alone we generally preferred the following prescription:—

R.—Sodii iodidi, ʒj; aquæ cinnamomi, fʒj. M.

Twenty-five drops of the above equal about six grains of the iodide of sodium. This form renders the remedy more portable and convenient.

Altogether it was used in forty-eight cases, and in every one the improvement was prompt, marked, and decided. In no instance were the functions of the stomach seriously disturbed, but now and then a patient complained of slight griping pains in the bowels; but these cases were all using the medicine in combination with the bichloride of mercury. None of the patients complained of fulness about the head, dryness of the throat, or coryza. Indeed we are free to say that none of the unpleasant symptoms often attendant upon the administration of the iodide of potassium presented themselves in any of the cases treated. As to its efficacy, it appeared fully to deserve all the encomiums so freely bestowed upon the potassium. Cases as nearly alike as possible were placed, one on the sodium, and one on potassium, and there was no perceptible difference in the progress of each. We believe the two iodides here mentioned to be equally efficient, neither one surpassing the other in results; but we are inclined to think that in a patient in whom the digestive powers are easily disturbed, the iodide of sodium is the remedy to be preferred, and we have no doubt but that it will soon come into general use in this country. I have been informed that the iodide of ammonium, at the suggestion of Professor Gross, has also been freely used in this house, and that the results obtained were most satisfactory. Personally, I have had but little experience with this remedy.